



OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

PHONE: (573)634-6322 FAX: (573)634-6329

EMAIL: DHARTLEY@JEFFCITYMO.ORG

TEMPORARY LICENSE APPLICATION

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED.
LICENSE MUST BE TURNED IN AT LEAST 3 BUSINESS DAYS PRIOR TO CONDUCT OF BUSINESS.

REQUIREMENTS:

1. Completed license application and license fee payment (\$10). License cannot exceed 14 days.
2. **License must be carried on applicant/persons at all times.**
3. List of basic information on each employee if applicable.

Date(s) License is needed: _____

Applicant Name: _____

Business Name: _____

Business Mailing _____

Address: _____

Temporary Location: _____

Phone #: _____ Fax #: _____

Email: _____ Sales Tax Number: _____

Type of Goods to be Sold and Value of: _____

Name and Address of Manufacturer of _____

Goods: _____

Method of Delivery of Goods (if delivered
at a later date, you will need to file a
surety bond with the City in the amount
of \$10,000): _____

Vehicle Year/Make/Model/Color: _____

Vehicle License Plate Number: _____

EMPLOYEE LISTING (USE REVERSE SIDE OF SHEET IF NEEDED):

EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____

CONTINUED ON REVERSE SIDE →

EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
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HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____

APPLICANT SIGNATURE: _____ DATE: _____

APPROVAL SIGNATURES

Director of Finance: _____ Date: _____

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.